

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000010089

Entity Name: GHOSTLY EXPERIENCES INC.**Current Principal Place of Business:**1230 NW 144 AVE
PEMBROKE PINES, FL 33028**Current Mailing Address:**1230 NW 144 AVE
PEMBROKE PINES, FL 33028 US**FEI Number:** 84-4634805**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARK WILLIAMS

01/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ARNWINE, TIMOTHY
Address 1230 NW 144 AVE
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name VANDERLAAN, ERIC
Address 9640 NW 4 STREET
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name BURNS, MARLA
Address 28 S FOUR SEASONS RD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT
Name ARNWINE, TIMOTHY
Address 1230 NW 144 AVE
City-State-Zip: PEMBROKE PINES FL 33028

Title VICE-PRESIDENT
Name BURNS, MARLA
Address 28 S FOUR SEASONS RD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY
Name VANDERLAAN, ERIC
Address 9640 NW 4 STREET
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER
Name ARNWINE, TIMOTHY
Address 1230 NW 144 AVE
City-State-Zip: PEMBROKE PINES FL 33028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY ARNWINE

DIRECTOR

01/17/2021

Electronic Signature of Signing Officer/Director Detail

Date